



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

**APPLICATION FOR STATE DAYCARE LICENSE**

For More Information call the Idaho CareLine at 2-1-1

FOR OFFICE USE ONLY

☐ New Application ☐ Renewal

Date App. Rcvd. \_\_\_\_\_

Date Approved: \_\_\_\_\_

Fee Paid: Date \_\_\_\_\_

Date Denied: \_\_\_\_\_

Amt. \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Section 1. Applicant Information**

First Name  Initial  Last Name

Applicant's Relationship to Daycare Facility: ☐ Owner/Operator ☐ Other \_\_\_\_\_

Address

City  State  Zip Code  Primary Phone

Email Address  Secondary Phone

**Section 2. License Type**

☐ New Application ☐ Renewal

**Group Daycare Facility**  
(7 – 12 children) ☐

**Family Daycare Home**  
(6 or fewer children) ☐

Name of Daycare Facility

Facility Street Address

City  State  Zip Code

Mailing Address

Primary Phone  Secondary Phone

Hours of daycare operation \_\_\_\_\_ Days of the week for daycare operation \_\_\_\_\_ Have you been a licensed or certified daycare provider in Idaho before Yes ☐ No ☐

Maximum number of children, under 13 years of age, that will be cared for at the facility (include your own) \_\_\_\_\_

**Section 3. Please complete if daycare is provided in your home**

Name	DOB	Gender	Name	DOB	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*please use additional page in needed

## **Application For State Daycare License** (cont. from page 1)

Daycare Name: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

**Section 4. List Owners, Operators, Employees and All Other Individuals thirteen (13) years of age or older who have unsupervised direct contact with children or are regularly on the premises of the daycare facility for more than 12 hours per month.**

Name	DOB	Social Sec. #	Relationship to Applicant or Position at Daycare Facility	Live In Home

\*please use additional page in needed

### **Section 5. Documents Required**

You must include all of the following documents when you submit your application:

- \_\_\_\_\_ The application form, completely filled out, signed and dated.
- \_\_\_\_\_ Copy of approved fire inspection.
- \_\_\_\_\_ Results of Criminal History Background check and Juvenile Justice check for all applicable persons.
- \_\_\_\_\_ Proof of compliance with local city or county Building code (where applicable).
- \_\_\_\_\_ Proof of compliance with local city or county Electrical code (where applicable).
- \_\_\_\_\_ Proof of compliance with local city or county Planning & Zoning code (where applicable).

### **Section 6. Certification of Understanding**

I hereby apply for a daycare license as indicated above in accordance with Idaho Code Title 39, Chapter 11. I understand that my facility must comply with all applicable health and safety standards and all owners, operators, employees and all other individuals thirteen (13) years of age or older having unsupervised direct contact with children or who are regularly on the premises of a daycare facility shall complete criminal history checks.

I understand that this document serves as the formal request upon which a decision to issue me a daycare license will be based. I agree, for the purpose of determining compliance with daycare licensing rules established by the Department of Health and Welfare and Idaho State licensing laws, to allow authorized Department of Health and Welfare representatives with proper identification to:

1. Enter and inspect any part of the home, property, and premises without a warrant at any reasonable time.
2. Review daycare documents.
3. Interview employees, volunteers, children, household members and others as necessary.

I agree to read and follow the daycare rules and laws established by the State of Idaho. I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application. I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

\* Your application will be processed upon receipt of all necessary documents, licensing fee and Criminal History clearance(s).

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Mail completed application, fees, and all required application documents to:**

Idaho Stars  
Daycare Licensing Program  
1471 Shoreline Dr, Suite 202  
Boise, ID 83702  
FAX: 208-465-8431  
[ahofkins@idahoaeys.org](mailto:ahofkins@idahoaeys.org)